

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/581726

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	2		/				57						
8	(12		/				58						
9	(8		/				59						
10	(8		/				60						
11	(0		/				61						
12	(0		/				62						
13	(1		/				63						
14	(1		/				64						
15	(11		/				65						
16	(11		/				66						
17	/	#	/	7			67						
18	/		/	7			68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	2		/				72						
23	2		/				73						
24	/		/				74						
25	1		/				75						
26	2		/				76						
27	(1		/				77						
28	(1		/				78						
29	(1		/				79						
30	(1		/				80						
31	(12		/				81						
32	(12		/				82						
33	(12		/				83						
34	(12		/				84						
35	/		/				85						
36	/		/				86						
37	/		/				87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41	3		/				91						
42	/		/				92						
43	/		/				93						
44	1		/				94						
45	2		/	1			95						
46	/		/				96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			14				TOTAL IND.						
TOTAL DEP.			32				TOTAL DEP.						
TOTAL CLAIMS			46				TOTAL CLAIMS						